

Application Data Sheet

Application Information

| | |
|---------------------------------|--------------------------------|
| Application number:: | Unassigned |
| Filing Date:: | Herewith |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Title:: | BIPOLAR CAUTERIZING INSTRUMENT |
| Attorney Docket Number:: | 017516-008120US |
| Request for Early Publication:: | No |
| Request for Non-Publication:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 19 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Secrecy Order in Parent Appl.:: | No |

Applicant Information

| | |
|---|-----------------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | TRACY |
| Middle Name:: | A. |
| Family Name:: | MORLEY |
| City of Residence:: | Sunnyvale |
| State or Province of Residence:: | CA |
| Country of Residence:: | US |
| Street of Mailing Address:: | 982 Couer D'Alene Way |
| City of Mailing Address:: | Sunnyvale |
| State or Province of mailing address:: | CA |
| Country of mailing address:: | US |
| Postal or Zip Code of mailing address:: | 94087 |

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: DANIEL
Middle Name:: T.
Family Name:: WALLACE
City of Residence:: Redwood City
State or Province of Residence:: CA
Country of Residence:: US
Street of Mailing Address:: 621 Glenloch Way
City of Mailing Address:: Redwood City
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: CHRISTOPHER
Middle Name:: W.
Family Name:: MAUER
City of Residence:: Sandy Hook
State or Province of Residence:: CT
Country of Residence:: US
Street of Mailing Address:: 59 Elizabeth Circle
City of Mailing Address:: Sandy Hook
State or Province of mailing address:: CT
Country of mailing address:: US
Postal or Zip Code of mailing address:: 06482

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

| | | | |
|------------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of | 10/032,317 | 12/21/01 |
| 10/032,317 | Provisional of | 60/258,750 | 12/29/00 |

Assignee Information

Assignee Name:: Intuitive Surgical, Inc.
Street of mailing address:: 1340 West Middlefield Road
City of mailing address:: Mountain View
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94043